

The Governor's Healthcare Reform Implementation Council
Howlett Building Auditorium
501 S.2nd Street
Springfield, IL
November 16, 2010

Thank you for the opportunity to present testimony regarding best ways for the State of Illinois to address Medicaid reform within the context of Federal Healthcare Reform. My name is Julie Adkins and I am the President of the Illinois Society for Advanced Practice Nurses. My comments will encompass three of the issues of interest to be covered today:

1. That after January 1, 2014, the Affordable Care Act (ACA) will make about 700,000 more Illinoisans eligible for Medicaid.
2. The central theme of bringing together primary care providers, specialists, hospitals, long-term care and social service providers to organize care around the needs of the patient to achieve improvements in health.
3. The emphasis on home and community-based services to reduce the reliance on institutionalization for seniors and persons with special needs.

There were several questions posed under each of these issues; however, I will address them together because there is a solution that will have a positive impact on all of them. The questions are:

1. What are the implications of this significant expansion for the Medicaid Program? Within the bounds of the State's fiscal condition, what changes would improve the Medicaid Program?
2. How should the State incorporate the integration of medical services into the Medicaid?
3. What changes should be made in Illinois' long term care services system (both institutional and community-based) to improve the quality of care and achieve the most cost-effective delivery of appropriate care to achieve the best outcomes for these complex cases?

There is one approach that would address all of these issues; namely, that the State of Illinois utilize and reimburse advanced practice nurses more effectively and equitably than current regulations and policies allow. Every day advanced practice nurses in Illinois render care to thousands of Medicare and Medicaid recipients, as well as those who have no form of health care coverage. They render these services in their own office-based practices, nurse-managed centers, and house-call practices. In terms of the Medicaid managed care system, Illinois Health Connect, advanced practice nurses, such as nurse practitioners, nurse midwives, and clinical nurse specialists, must seek special permission to be acknowledged as primary care providers, a process that requires submitting additional documentation to the provider enrollment process. Not only is this process discriminatory, it presents another barrier between advance practice nurses and the neediest of Illinois residents they wish to serve. With the expected influx of Medicaid patients, it is imperative that APNs are acknowledged as primary care providers

without physician enrollment in the Medicaid system. For example, my collaborating physician and employer is not a Medicaid provider, but I have been even as a Registered Nurse. I am a sole provider in a clinic in West Frankfort, Illinois. When the Illinois Health Connect rules were established, I was eliminated from providing primary care services to my Medicaid patients. After quite a bit of documentation and communication, I became the first Nurse Practitioner in Illinois to be a primary care provider without a connection to my physician. My collaborator initially limited my panel to my existing patients only and recently has agreed to allow me to open my panel to the fullest extent. This is the answer to the upcoming enrollment of eligible Medicaid patients—allow the advanced practice nurses to be the primary care providers with their own panels and provide the medical home for these patients independent of their collaborating physicians.

Illinois law requires advanced practice nurses to have a written collaborative agreement with a physician in order to practice. Advanced practice nurses are highly educated health care professionals who are superbly prepared to render both primary and specialty care. Commitment to continuity of care and case management is integral to advanced practice nursing, as well as caring for the underserved. They are more than happy to collaborate with physicians and all other health care professionals so that their patients have access to the best care possible. However, there are areas in Illinois that suffer from a lack of physician providers, especially those who are willing to be Medicaid providers. Therefore, even though there are many APNs ready to fill this void by having their own practices, they cannot do so due to the lack of physicians who feel comfortable signing a written collaborative agreement. As a result, those APNs who would gladly care for the underserved find their efforts thwarted simply because they cannot find someone to be their collaborating physician. It should be noted that there are 15 states in the nation that do not require such an agreement—including our neighboring state, Iowa. Advanced Practice Nurses are ready to stand and work with any and all of the agencies presented today.

I would point out as recently as October 5, the Institute of Medicine published in its report, *The Future of Nursing: Leading Change, Advancing Health*, that: (a) Nurses should practice to the full extent of their education and training, and (b) Nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States. Managed care and Medical Homes are powerful institutions and advanced practice nurses are willing and able to fill the role of the primary care providers in both arenas.

The Institute of Medicine and 15 other states know one of the answers to caring for the underserved of this nation: Remove the regulatory and financial barriers so that APNs can do what they have been educated to do.

Thank you for this opportunity and I welcome any questions from the panel.

